

FACSIMILE COVER SHEET

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FROM: Robyn Wagner
RE: Change of Correspondence Address Request
REF. NO.: CFSTP006
APPLICATION NO.: 09/885,081
NO. PAGES: 3

MESSAGE:

Dear Official Fax Filing:

Please accept the enclosed Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, for the above-referenced application.

Best Regards,



Robyn Wagner

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)	Attorney Docket No.: CFSTP006
Kevin W. Jameson)	Examiner: Kuen S. Lu
Application No.: 09/885,081)	Group Art Unit: 2167
Filed: June 21, 2001)	Date: June 8, 2005
For: COLLECTION COMMAND APPLICATOR)	

CERTIFICATE OF FACSIMILE

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Signed: _____

Jennifer C. Gross

Commissioner for Patents
PO Box 1450
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Sir:

Transmitted herewith is the Power of Attorney by Assignee and Revocation of Previous Powers for the above-entitled matter.



Applicant(s) believe that no fee is required; however, if it is determined that such fee is required, Applicant(s) hereby authorize the Commissioner to charge the required fees Deposit Account No. 50-0685 (CFSTP006).

Respectfully submitted,



Robyn Wagner
Registration No. 50,575

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Atty. Docket No. CFSTP006

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PTO/SB/82 (04-05)

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REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/885,081
Filing Date	June 21, 2001
First Named Inventor	Kevin W. Jameson
Art Unit	2167
Examiner Name	Kuen S. Lu
Attorney Docket Number	CFSTP008

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 21912☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

21912

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Kevin W. Jameson

Date

June 2 2005

Telephone

403 542 2660

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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